HILLVIEW HEALTH CARE CENTER

3501 PARK LANE DRIVE

| LA CROSSE | 54601 | Phone: (608) 789-48 | 00 | Ownership: | County |
|-----------------|----------------|---------------------|--------|-----------------------------------|---------|
| Operated from | 1/1 To 12/31 | Days of Operatio | n: 365 | Highest Level License: | Skilled |
| Operate in Con | junction with | Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds | Set Up and St | affed (12/31/03): | 199 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed | Bed Capacity | (12/31/03): | 199 | Title 19 (Medicaid) Certified? | Yes |
| Number of Resid | dents on 12/31 | ./03: | 192 | Average Daily Census: | 188 |

| Services Provided to Non-Residents | | Age, Gender, and Primary Di | | | | Length of Stay (12/31/03) | 8 |
|---|-----------|--|-----|-----------------------|-------|---|--------------------------|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 24.5 |
| Supp. Home Care-Household Services Day Services | No No | Developmental Disabilities | | Under 65 65 - 74 | | More Than 4 Years | 18.8 |
| Respite Care | No | Mental Illness (Other) | 4.7 | 75 - 84 | 35.9 | | 81.8 |
| Adult Day Care Adult Day Health Care | No No | Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic | 1.0 | | 7.8 | ********************************** Full-Time Equivalent | |
| Congregate Meals Home Delivered Meals | Yes No | Cancer Fractures | | | | Nursing Staff per 100 Resi (12/31/03) | dents |
| Other Meals Transportation | Yes No | Cardiovascular Cerebrovascular | | 65 & Over | | | 17.6 |
| Referral Service | No | Diabetes | 3.6 | Gender | 용 | LPNs | 2.6 |
| Other Services Provide Day Programming for | No | Respiratory Other Medical Conditions | | Male | | Nursing Assistants, Aides, & Orderlies | 44.7 |
| Mentally Ill Provide Day Programming for | No | | | Female | 70.3 | • | |
| Developmentally Disabled | No | ' | | İ | 100.0 | İ | and the standards of the |

Method of Reimbursement

| | | edicare itle 18 | | | edicaio itle 19 | | | Other | | : | Private Pay | : | 1 | Family Care | | | anaged Care | l | | |
|---------------------|------|--------------------|---------------------|-------|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|----------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care | No. | 90 | Per Diem (\$) | No. | % | Per Diem (\$) | No. | 엉 | Per Diem (\$) | No. | 양 | Per Diem (\$) | No. | 왕 | Per Diem (\$) | No. | ୍ବ | Per Diem (\$) | Total Resi- dents | of |
| Int. Skilled Care | 4 | 23.5 | 306 | 7 | 7.6 | 136 | 1 | 50.0 | 150 | 3 | 5.2 | 187 | 4 | 17.4 | 136 | 0 | 0.0 | 0 | 19 | 9.9 |
| Skilled Care | 13 | 76.5 | 292 | 75 | 81.5 | 116 | 1 | 50.0 | 127 | 55 | 94.8 | 164 | 19 | 82.6 | 116 | 0 | 0.0 | 0 | 163 | 84.9 |
| Intermediate | | | | 10 | 10.9 | 96 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 10 | 5.2 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j O | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 17 | 100.0 | | 92 | 100.0 | | 2 | 100.0 | | 58 | 100.0 | | 2.3 | 100.0 | | 0 | 0.0 | | 192 | 100.0 |

HILLVIEW HEALTH CARE CENTER

| Admissions, Discharges, and | - 1 | Percent Distribution | n of Residents' | Condit | ions, Services, an | d Activities as of 12/ | 31/03 |
|--------------------------------|--------|----------------------|-----------------|--------|--------------------|------------------------|-----------|
| Deaths During Reporting Period | | | | | | | |
| | | | | | % Needing | | Total |
| Percent Admissions from: | | Activities of | 용 | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 9.5 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 5.6 | Bathing | 1.6 | | 55.7 | 42.7 | 192 |
| Other Nursing Homes | 3.2 | Dressing | 9.9 | | 57.8 | 32.3 | 192 |
| Acute Care Hospitals | 78.2 | Transferring | 20.3 | | 53.1 | 26.6 | 192 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 15.6 | | 47.4 | 37.0 | 192 |
| Rehabilitation Hospitals | 0.0 | Eating | 62.0 | | 18.8 | 19.3 | 192 |
| Other Locations | 3.5 | ****** | ***** | ***** | ***** | ****** | ***** |
| otal Number of Admissions | 285 | Continence | | 용 | Special Treatmen | ts | 용 |
| ercent Discharges To: | 1 | Indwelling Or Exter | nal Catheter | 7.3 | Receiving Resp | iratory Care | 9.9 |
| Private Home/No Home Health | 26.4 | Occ/Freq. Incontine | nt of Bladder | 55.2 | Receiving Trac | heostomy Care | 0.5 |
| Private Home/With Home Health | 17.2 | Occ/Freq. Incontine | nt of Bowel | 32.8 | Receiving Suct | ioning | 1.0 |
| Other Nursing Homes | 2.6 | <u>-</u> | | | Receiving Osto | my Care | 4.2 |
| Acute Care Hospitals | 10.6 | Mobility | | | Receiving Tube | Feeding | 2.1 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrain | ed | 0.5 | Receiving Mech | anically Altered Diets | 30.7 |
| Rehabilitation Hospitals | 0.0 | _ | | | _ | _ | |
| Other Locations | 5.9 I | Skin Care | | | Other Resident C | haracteristics | |
| Deaths | 37.4 i | With Pressure Sores | | 2.6 | Have Advance D | irectives | 78.6 |
| otal Number of Discharges | i | With Rashes | | 16.1 | Medications | | |
| (Including Deaths) | 273 i | | | | Receiving Psyc | hoactive Drugs | 72.9 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| Ownership: Bed Size: Licensure: This Government 100-199 Skilled All Facility Peer Group Peer Group Facilit % % Ratio % Ratio % Ratio % F | |
|--|-------|
| Facility Peer Group Peer Group Peer Group Facilit | |
| | |
| % % Ratio % Ratio % Ratio % F | ies |
| | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds 90.8 87.8 1.03 87.6 1.04 88.1 1.03 87.4 1 | .04 |
| Current Residents from In-County 87.0 86.6 1.00 83.0 1.05 82.1 1.06 76.7 1 | .13 |
| Admissions from In-County, Still Residing 26.0 34.3 0.76 19.7 1.32 20.1 1.29 19.6 1 | .32 |
| Admissions/Average Daily Census 151.6 71.2 2.13 167.5 0.91 155.7 0.97 141.3 1 | .07 |
| Discharges/Average Daily Census 145.2 73.5 1.98 166.1 0.87 155.1 0.94 142.5 1 | .02 |
| Discharges To Private Residence/Average Daily Census 63.3 24.3 2.61 72.1 0.88 68.7 0.92 61.6 1 | .03 |
| Residents Receiving Skilled Care 94.8 89.5 1.06 94.9 1.00 94.0 1.01 88.1 1 | .08 |
| Residents Aged 65 and Older 93.8 84.0 1.12 91.4 1.03 92.0 1.02 87.8 1 | .07 |
| Title 19 (Medicaid) Funded Residents 47.9 74.5 0.64 62.7 0.76 61.7 0.78 65.9 0 | .73 |
| Private Pay Funded Residents 30.2 17.8 1.70 21.5 1.41 23.7 1.28 21.0 1 | .44 |
| Developmentally Disabled Residents 0.5 2.8 0.19 0.8 0.68 1.1 0.47 6.5 0 | 80.0 |
| Mentally Ill Residents 46.9 55.2 0.85 36.1 1.30 35.8 1.31 33.6 1 | .40 |
| General Medical Service Residents 20.8 17.5 1.19 22.8 0.91 23.1 0.90 20.6 1 | .01 |
| Impaired ADL (Mean) 55.0 49.3 1.12 50.0 1.10 49.5 1.11 49.4 1 | .11 |
| Psychological Problems 72.9 68.8 1.06 56.8 1.28 58.2 1.25 57.4 1 | .27 |
| Nursing Care Required (Mean) 8.4 7.4 1.14 7.1 1.19 6.9 1.22 7.3 1 | .15 |